



**BTM Equipment, INC
dba TK EQUIPMENT**

14419 Atlanta Dr.
Laredo TX 78045

SET UP ACCOUNT

Contact: Octavio Chavez
✉: manager@tkequip.com
☎: (956) 796 9411
📠: (956) 462 2500

A Division of BTM Equipment Inc.

Date: _____

Company Information (This section is filled out by the Requester)	
Business Name:	
Address:	
City State Zip:	
Shipping Address (If different than above)	
Phone Number:	
Fax Number:	
Primary Contact Name:	
Primary Contact Email:	
Date of Incorporation:	
Type of Corporation:	<input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> P-Partnership <input type="checkbox"/> LLC
Fed TAX ID #:	
Resale Certificate #:	

Purchasing and Invoicing (This section is filled out by the Requester)			
Person to contact Regarding Purchase Orders:		email:	
Person to contact Regarding Invoicing:		email:	

Bank References (This section is filled out by the Requester)			
Bank 1:		Bank 2:	
Branch:		Branch:	
Account #:		Account #:	
Contact Person:		Contact Person:	
Phone:		Phone:	

Trade References (This section is filled out by the Requester)				
Name:	Address:	Phone:	Fax:	email:

In order to establish an account with BTM Equipment INC dba TK Equipment, the applicant authorizes BTM Equipment INC dba TK Equipment to request and receive credit information from third parties listed in this form or sent as an attachment. The applicant certifies that the statements as to applicant's credit are true and accurate and no such credit information is false or misleading and no adverse credit information has been omitted. The undersigned as read and agrees to the terms and conditions stated.

 Company Name write name

by: _____
 Print and write name

➤ Please submit This Credit, along with a **signed W9 Form and the State Resale Certificate form** By fax at (956) 462-2500 or by email to accounts@btmequipment.com or manager@tkequip.com